U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 3020 1472

WILMINGTON DE 19801

Postage	$ $1.65	0121
Certified Fee	$2.65	
Return Receipt Fee (Endorsement Required)	$2.15	
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.45	

SAN DIEGO, CA SORRENTO VALLEY
Postmark Here
FEB 6 2008
02/06/2008
USPS

Sent To Motorola, Inc.
The Corporation Trust Company
Street, Apt. No.; or PO Box No. 1209 Orange Street
City, State, ZIP+4 Wilmington, DE 19801

PS Form 3800, January 2001 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Motorola, Inc.
The Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, DE 19801

4a. Article Number
7001 0320 0004 3020 1472

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery FEB 11 2008

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X [signature]

8. Addressee's Address *(Only if requested and fee is paid)*

PS Form **3811,** December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.